Summary of Benefits Report for Georgia, Medicaid InsureKidsNow.gov

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Preventive Servic	es			
	Is the service Covered?	Frequency	List any service - specific limitations Under 21	
Cleanings	Yes	2 x year		
Fluoride treatments (including fluoride varnishes)	Yes	2 x year	Under 21	
Sealants (list any tooth-specific limits)	Yes		Under 21	
Space maintainers	Yes		Under 21	
Diagnostic Servic	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended ago of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes		Under 21	3
Assessment of risk for tooth decay	No			
X-Rays				I
Bitewing	Yes		Under 21	
Full Mouth	Yes	1 x every 3 years	Under 21	
Panoramic	Yes	1 x every 3 years	Under 21	
Treatment Service	es			
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverag
Anti-microbial treatments that stop decay from spreading	No			
Fillings				
Silver amalgam	Yes		Under 21	
Tooth colored composite	No			
Crowns/tooth caps				1
Stainless steel crowns	Yes		Under 21	
Metal (only) crowns	Yes		Under 21	
Metal/porcelain crowns	Yes - only with prior authorization		Under 21	
Porcelain (only) crowns	No			
Root Canals (endodo	<i>'</i>			T
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Under 21	
Root canals on permanent teeth	Yes - only with prior authorization		Under 21	
Gum (periodontal) therapy	Yes - only with prior authorization		Under 21	
Dentures			1	1
Partial dentures	Yes - only with prior authorization		Under 21	
Complete dentures	Yes - only with prior authorization		Under 21	

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Treatment Services						
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage		
Bridges	Yes - only with prior authorization		Under 21			
Orthodontics*						
Retainers (orthodontic)	No					
Braces	Yes - only with prior authorization		Under 21	Medically necessary		
Oral surgery						
Simple extractions	Yes					
Surgical extractions	Yes					
Care of abscesses	Yes					
Cleft palate treatment	Yes - only with prior authorization		Under 21			
Cancer treatment	No					
Treatment of fractures	No					
Biopsies	Yes					
Treatment of jaw joint problems (TMJ)	No					
Emergency room services provided by a dentist	Yes - only with prior authorization		Post Authorization	Must meet emergency and/or criteria life threatening accident		
Inpatient Hospital Services	Yes - only with prior authorization			Medically necessary		
Anesthesia						
General anesthesia	Yes - only with prior authorization					
Intravenous conscious sedation	Yes - only with prior authorization			Medically necessary		
Non-intravenous conscious sedation	Yes - only with prior authorization			Medically necessary		
Analgesia (nitrous oxide)	Yes - only with prior authorization			Medically necessary		

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^{*} When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).